MATERNAL AND INFANT SUPPORT SERVICES PROGRAM
PROFESSIONAL VISIT PROGRESS NOTE

Beneficiary ID #: _____

Beneficiary Information

Name: _____

Parent/ Guardian: _____

Type of Visit: ☐ MSS ☐ ISS

Location of Visit: ☐ Home ☐ Office ☐ Other

Date of Visit: _____

Insurance Information

Medicaid Number: _____

Any Changes in Medicaid? ☐ YES ☐ NO

Managed Care: ☐ YES ☐ NO

If yes, Name and ID#: _____

Purpose of visit (per care plan)

#1 Problem/Needs Addressed:

Interventions Provided:

#2 Problem/Needs Addressed

Interventions Provided

Beneficiary's Name: _____

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PROFESSIONAL VISIT PROGRESS NOTE

Follow-Up Plan Next Steps

Family Planning Issues:

Immunization Issues:

CBE/PE Issues:

Last Medical Care Provider Visit: _____

Next Medical Care Provider Visit: _____

Date of Next Visit by MSS/ISS Provider: _____

Referrals Needed:
Referrals Made:
Care Plan Update Needed ☐ Yes ☐ No

Signature Date